THE GLEN MILLS SCHOOLS' BEHAVIORAL INTERVENTION AND RESTRICTIVE PROCEDURES STAFF TRAINING PLAN AND CURRICULUM

The Schools' Behavioral Intervention Plan/Emergency Intervention Plan is to be taught independently or during *Normative Systems Training.* This plan and subsequent training only addresses staff behavioral intervention not student involvement.

Requirements:

All staff must demonstrate competency in Behavioral Intervention and Restrictive Procedures by passing a written test and through "hands-on" competency of physical techniques by the demonstration of use of specific procedures. Upon successful completion staff will sign off on their individual training profile under Normative Systems Training and their Behavioral Intervention Training Profile. Only certified trainers are permitted to conduct this training and assess staff competency.

In order to properly teach the Schools' Behavioral Intervention Program the trainer must adequately address several areas. Those areas include the philosophy of the program, how to properly administer the techniques and what is not acceptable or considered abusive according to the Program.

Before staff can begin to utilize the Behavioral Intervention Program it is necessary for them to fully understand the philosophy of the program.

All trainers need to understand that like most outside agencies and systems new staff need to be exposed to the fact that the Behavioral Intervention techniques are not a disciplinary system. The primary purpose of the techniques is to "change negative behavior to positive behavior," while protecting students, staff and the school. The student determines, through his behavior, if a Behavioral Intervention begins and when it ends. Once a student changes his negative behavior the Behavioral Intervention ends. As a result an intervention is designed to help not hurt. The primary purpose of the program is to address specific student behavior not personality.

Now that the basics regarding Behavioral Intervention have been addressed the trainer can address more specific points regarding the program before reviewing each de-escalating technique. The trainer should address the following points:

1. There are five de-escalation techniques. If the behavior you address does not change from negative to positive you escalate the technique in a further attempt to terminate the intervention by controlling behavior and protecting students and staff.

2. When addressing student behavior, use the least amount of intervention necessary to gain the desired response. All attempts should be made to terminate the intervention at the lowest level possible.

3. You are more likely to receive a positive response to an intervention if you address the behavior the way you would like to be addressed.

4. The behavior will determine the appropriate initial level of intervention. Example: You would not use friendly/non-verbal technique where two students are arguing. A friendly or concern verbal may be a more appropriate technique to commence intervention.

Following these points the trainers will have participants read each of the De-escalation Techniques out loud and answer any questions from the participants. In addition, the trainer should make the following points after each specific level.

De-escalation Technique Number 1 (Friendly Non-Verbal)

After participants read this level out loud the trainer should give several examples of a friendly non-verbal. In addition, the trainer should have participants give examples of friendly non-verbals.

De-escalation Technique Number 2 (Concern Non-Verbal)

As in Level 1 the trainer should give examples and have participants give examples.

De-escalation Technique Number 3 (Helpful Non-Verbal)

As in Level 1 the trainer should give examples and have participants give examples.

De-escalation Technique Number 4 (Concern Verbal)

As in Level 1 the trainer should give examples and have participants give examples.

De-escalation Technique Number 5 (Staff Support)

As in Level 1 the trainer should give examples and have participants give examples.

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In addition the following points of interest must be addressed:

1) Students are not a part of Staff Behavior Management and are only permitted to address other students through non-verbal and verbal techniques. Although students are encouraged to confront negative behavior, such confrontations between students must never become physical.

2) All staff must support any interventions they observe.

3.) When offering support to an intervention where you are not the primary intervener you have several obligations and responsibilities. They are as follows:

a) To offer non-verbal and verbal support.
b) To observe the response of the student being addressed.
c) To observe the response of other students in the area.
d) To ensure that the intervening staff has, in your professional opinion, full control of their emotions and actions. If you feel they do not it is your responsibility to take over the intervention as the primary intervener before there is a problem.
e) Since the student's behavior has allowed the intervention to escalate to Technique Number 5 you must assume that there is a possibility that the student may end up losing control and become a threat to himself and others resulting in a physical restraint. As a result, supporting staff should start to prepare the environment for a possible restraint. Any sharp objects should be removed. The addressed student(s) should not be near glass, furniture or anything that could cause injury to a student or staff.
f) Supporting staff may need to recruit other staff if it is deemed necessary to ensure a safe environment.

MANUAL ASSIST

Following the five de-escalation techniques the trainer will train participants in manual assist.

In the event that the first five de-escalation techniques fail in motivating the student to change their behavior from negative to positive a manual assist may be used. The sole purpose of the manual assist is to provide the student with a final attempt to gain self-control. The manual assist shall be conducted by staff placing their hands on the student's arm or shoulder area only and shall not exceed one minute. The purpose for this is to communicate to the student that their behavior is becoming a major concern to staff. The student's response will determine if the intervention will be de-escalated or if a restrictive procedure is necessary. If at any time during the manual assist the student becomes a threat to injure himself and/or others, a restrictive procedure will be utilized.

The trainer will demonstrate all the unacceptable methods for manual assist as listed below:

- grasping of the neck
- slapping the chest/face, head, neck or any part of the body
- pinching or punching any area
- grabbing of the neck, face
- grabbing shirt area around the chest

The trainer will then demonstrate the acceptable methods for manual assist as listed below:

- hands placed on student's arms
- hands placed on student's shoulders

The trainer will emphasize that the manual assist may not exceed one minute.

The manual assist technique is utilized after previous de-escalation techniques have failed to motivate a student to change his behavior from inappropriate to appropriate. The sole purpose of the manual assist is to provide the student with a final attempt to gain self-control.

If at this point the staff discerns that the student involved with a manual assist gains self-control, de-escalation techniques are then utilized.

However, if the student does not gain self-control and becomes a threat to injure himself or others, a physical restraint is utilized.

At this point the trainer will share to the participants the following list of items that indicate that a student has become a threat to injure himself and or others:

- physically attacking a person
- punching, kicking, choking, slapping, biting, spitting, or pinching
- the destruction of property that could result in the injury of others
- prior behavior in conjunction with non-verbal actions such as swinging arms and fists, balling up fists to prepare to strike another person
- prior behavior in conjunction with verbal threats such as "I'm gonna kill you"
- non-verbal threats in conjunction with verbal threats such as balling up fists while verbally threatening another person

At this time the trainer will have participants experience and demonstrate both unacceptable and acceptable methods of performing a manual assist.

RESTRICTIVE PROCEDURES
PHYSICAL RESTRAINT

Following the review of the de-escalation techniques and manual assist the trainer must address the following points of interest. Restrictive procedures are commonly defined by outside agencies as use of manual restraints, chemical restraints, and exclusion. The trainer must reinforce that chemical restraints and exclusion are strictly prohibited by the Schools.

At this time it is imperative that the trainer demonstrates the specific techniques allowed and prohibited during a physical restraint. In addition, participants will be asked to both experience and demonstrate these specific techniques. While demonstrating these techniques the trainer should also differentiate the restraints of different sized students. To be more specific, you would not restrain a 5'2", 150 lb., 15-year-old student the same way as you would a 6'4" 265 lb., 17 year-old student. For example, to ensure safety more staff may be required to apply a restraint on a larger, more aggressive student.

In addition, the following points of interest must be addressed by the trainers.

1) The Glen Mills Schools does not use or allow the following behavioral interventions/emergency interventions:

- Seclusion defined as placing a child in a locked room. A locked room includes a room with any type of door locking device, such as a key lock, spring lock, bolt lock, foot pressure lock of physically holding the door shut.
- Adverse Conditioning the use of aversive conditioning, defined as the application of startling, painful or noxious stimuli, body shaking, water spray, slapping, pinching, ammonia vapors, sensory deprivation and electric shock.
- Pressure Points the application of pain through pressure point techniques or pain compliance.
- Intentionally producing pain to limit the child's movement, including but not limited to arm twisting, finger bending, joint extensions, headlocks, punching, kicking or slapping.
- Chemical Restraint A chemical restraint is a drug used to control acute, episodic behavior that restricts the movement or function of a child.
- Breathing or circulation restriction i.e., The Basket technique or Mandt technique.
- Corporal Punishment
- Body Wraps with sheets or blankets, placing blankets, pillows, clothing or other items over the child's head or face.
- Any technique that can reasonably be expected to cause serious injury to a child that would require medical treatment provided by a health practitioner.

- Mechanical Restraint is a device that restricts the movement or function of a child or portion of a child's body. Examples of mechanical restraints include handcuffs, anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, restraining sheets and similar devices.
- Exclusion is the removal of a child from the child's immediate environment and restricting the child alone to a room or area.

2) Now that staff are aware of what is **not** acceptable when utilizing a restrictive procedure the trainer will address the acceptable techniques and give examples and hands-on experience to the participants.

PHYSICAL RESTRAINT

As a trainer you must demonstrate and have participants demonstrate all techniques.

Classification: Manual restraint – a physical hands-on technique that lasts more than one minute which restricts the movement or function of a student or portion of a student's body.

Description: After all other levels of intervention have failed to de-escalate the behavior, becomes a threat to injury himself and/or others, it is the responsibility of the staff involved to hold the young man until he appears to settle down. Staff will use the least amount of physical restraint as possible until the student is no longer posing threat to himself or others. At this time, staff will take this opportunity to talk to the student and use the incident to help the student mature and grow.

The following physical restraints are utilized when the student's behavior threatens injury/harm to himself or others:

Definitions:

- Upper limb(s) – arm(s) and adjoining shoulder area
- Lower limb(s)-leg(s)
- Partial limb restraint – restraint of upper limb(s) or restraint of lower limb(s)
- Full limb restraint – simultaneous restraint of upper limb(s) and lower limb(s)

A. **Free Standing Restraint:**

Please Note: partial limb restraint techniques are appropriate when utilizing Free Standing Restraint.

Technique – Upper limb restraint:

- Student is immobilized by trained staff member(s) with a firm grasp of his upper limb(s) accompanied by verbalization to cease his actions.
- Student is immobilized by trained staff member(s) placing hands on upper limb(s).
- Student's actions are checked/stopped by trained staff member(s) wrapping/clasping his upper limb(s).

This technique is more age and weight appropriate for smaller, younger students. Trainer must reaffirm that, as with all techniques utilized by the school, pressure or weight on the student's respiratory system is prohibited.

Student Health Risks – minimal/possible risk to soft tissue areas at wrist, elbow or shoulder.

B. Wall Restraint:

Please Note: Staff shall be cognizant of the physical environment with regards to safety. The use of a wall enables staff member(s) to facilitate an upper limb restraint in a safe and effective manner. When utilizing a wall as a stabilizing mechanism the student's back shall be supported by the wall with his front facing outward and his posture shall remain erect.

Technique – Upper limb restraint

- Trainer will reaffirm that pressure or weight on the student's respiratory system is prohibited.
- Using the support of an available wall a student is immobilized by trained staff member(s) with a firm grasp of his upper limb(s) accompanied by verbalization to cease his actions.
- Using the support of an available wall a student is immobilized by trained staff member (s) placing hands on upper limb(s).
- Using the support of an available wall a student's actions are checked/stopped by trained staff member(s) wrapping/clasping his upper limb(s).

This technique is more age/weight appropriate for larger, stronger students who are harder to protect from injuring self or others.

Student Health Risk: Moderate possible risk to soft tissue areas at wrist, elbow or shoulder, possible risks of injury related to the wall.

C. Prone Restraint:

Please Note: Prone restraint occurs when a student initiates action that necessitates, for the sake of his safety and/or the safety of others, placement in a supine (face-up) position not the ventral position. Note: Trainer must strongly address that all prone restraints must be face up in order to prevent compressional asphyxiation. Trainer will refer to the hand out, which refers to the Florida incident, to stress the importance of the supine position. In addition, the trainer must share that traditionally, by definition, prone restraints are ventral because many students bite or spit at staff, however the likelihood of injury is significantly greater with ventral prone restraints.

Technique – Full limb restraint

Student is lowered to a supine position by full limb restraint; the simultaneous restraint of upper limb(s) and lower limb(s). While continuing to apply upper limb restraint techniques in conjunction with lower limb restraint techniques staff member(s) assure the safe placement of the student on the floor in the supine position.

The supine position is accomplished by the application of the staff member(s) body weight being safely and evenly distributed upon the upper and lower limb(s) of the student.

Trainer will reaffirm that pressure or weight on the student's respiratory system is prohibited.

Student Health Risks (Moderate): Possible risk to soft tissue areas on arms and legs. Possible risk of injury when student is lowered to the floor.

D. Applicable for All Restrictive Procedure Techniques:

Duration: Student response determines the termination of behavioral intervention/emergency intervention involving manual restraint as above defined. The amount of time of an intervention involving manual restraint, is limited to the amount of time a student is in danger of injuring/presenting an immediate danger to himself or others. Behavioral intervention/emergency intervention involving manual restraint shall not exceed 10 minutes.

Expected Outcome: Student is immediately responsive and regains desired self-control.

When Techniques Are NOT Used:

When the student's behavior does not threaten injury/harm to himself or others.

The following points must be addressed regarding all restraints:

1. The only acceptable reason for restraining a student is when that student has become a threat to harm themselves or others. A restrictive procedure may not be used in a punitive manner for the convenience of staff or as a program substitution.

2. Your primary objectives when restraining a student are safety and control.

3. You should never restrain a student by yourself, if at all possible, because there is a greater possibility of someone getting hurt.

4. All restraining or supporting staff have the responsibility of immediately reporting any physical injury of staff or students as a result of physical restraint. It is also the responsibility of supporting staff to ensure that proper medical care is received through the Glen Mills Health Center or local hospital.

5. Following an incident, a senior manager will conduct an investigation of the incident to assess that it was properly handled. In addition, all involved staff will be interviewed and requested to generate a report of the incident.

6. Staff need to be aware of the following regarding 3800.211, Manual Restraints:

   - A manual restraint is a physical hands-on technique that lasts more than 1 minute that restricts the movement or function of a child or portion of a child's body.

   - The position of the manual restraint or the staff person applying a manual restraint should be changed at least every 10-consecutive minutes of applying the manual restraint. Changes in application of the restraint every ten minutes includes either different staff persons applying the technique or changing the type of technique.

   - A staff person who is not applying the restraint shall observe and document the physical and emotional condition of the child, at least every 10 minutes the manual restraint is applied.

7. The trainer must inform staff of the Pennsylvania's Child Protective Services Law 23 Pa. C.S.A. 6311 Required Reporters of child abuse.

6311. Persons required to report suspected child abuse

a.) **General rule** - Persons who in the course of their employment, occupation or practice of their profession, come into contact with children shall report or cause a report to be made in accordance with section 6313 (relating to reporting procedure) when they have reasonable cause to suspect, on basis of

their medical, professional or other training and experience, that a child coming before them in their professional or official capacity is an abused child.

b.) **Staff members of institutions, etc.** - Whenever a person is required to report under subsection (b) in the capacity as a member of the staff of a medical or other public or private institution, school, facility or agency, that person shall immediately notify the person in charge of the institution, school, facility or agency or the designated agent of the person in charge. Upon notification, the person in charge or the designated agent, if any, shall assume the responsibility and have the legal obligation to report or cause a report to be made in accordance with section 6313. This chapter does not require more than one report from any such institution, school, facility or agency.

MUST SHARE THE CHILD HOTLINE #: 1-800-932-0313

To properly provide staff with the necessary data to fulfill their requirements the following must be addressed:

I. PURPOSES:

1. Identification of abuse
2. protection of abused children
3. prevention of recurrence
4. rehabilitation of abusers

II. ABUSE INVESTIGATION CHECK LIST - ALWAYS DETERMINE:

1. Nature of Injury:
   _____ Physical
   _____ Imminent Risk of Physical
   _____ Mental
   _____ Sexual
   _____ Serious Neglect

2. Cause of Injury:
   _____ Accident
   _____ Non-Accident
   _____ Unknown

3. Who Caused Injury:
   _____ Parent
   _____ Person responsible for welfare
   _____ Paramour
   _____ Person residing with child
   _____ Other
   _____ Unknown – ask: was child in care of parents at time of injury?

III. DEFINITIONS:

A. Child Abuse - includes the following 5 categories:

1. Physical - Any recent act or failure to act by a perpetrator which causes non-accidental SERIOUS PHYSICAL INJURY to a child under 18 years of age.

   "Serious physical injury." An injury that:

   - causes a child severe pain; or
   - significantly impairs a child's physical functioning, either temporarily or permanently.

2. Risk - Any recent act or failure to act or series of such acts or failures to act by a perpetrator which creates and IMMINENT RISK of serious physical injury to a child under 18 years of age.

3. Mental - An act or failure to act by a perpetrator which causes non-accidental SERIOUS MENTAL INJURY to a child under 18 years of age.

   "Serious mental injury." A psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment, that:

   > "renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic or in reasonable fear that the child's life or safety is threatened, or seriously interferes with a child's ability to accomplish age-appropriate developmental and social tasks."

4. Neglect - SERIOUS PHYSICAL NEGLECT by a perpetrator constituting prolonged or repeated lack of supervision or the failure to provide essentials of life including adequate medical care, which endangers a child's life or development, or impairs the child's functioning.

   The trainer shall refer to suicide prevention/recognition training as another vehicle utilized to protect students under CPSL.

For the most part, these definitions quote directly from the laws. However, in a few instances the definitions have been translated for improved grammar or clarity of meaning.

5. Sexual – Any act or failure to act by a perpetrator which causes SEXUAL ABUSE or sexual exploitation of a child under 18 years of age. ALSO: Any recent act or failure to act which creates an IMMINENT RISK of sexual abuse or sexual exploitation to a child under 18 years of age.

   "Sexual abuse or exploitation." The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in or assist any other person to engage in any sexually explicit conduct, or any simulation of any sexually explicit conduct, for the purpose of producing any visual depiction, including photographing, videotaping, computer depicting or filming of any sexually explicit conduct, or the rape, aggravated indecent assault, indecent exposure, molestation, incest, prostitution or other form of sexual exploitation of children. Also, any of the following when committed by a perpetrator:

   - Statutory Sexual Assault – Sexual intercourse with a child who is less than 16 years of age by a person who is 4 or more years older and they are not married.

   - Involuntary or voluntary deviant sexual intercourse – Intercourse by mouth or rectum or with an animal or with a foreign object.

     Involuntary Includes:

     a. impairing a child by use of drugs or alcohol, without their knowledge, for the purpose of preventing resistance;
     b. engaging in conduct with a child who suffers from a mental disability which renders him or her incapable of consent;
     c. engaging in conduct with a child under the age of 13,
     d. Conduct between a child under the age of 16 and a person who is 4 or more years older.

   - Sexual Assault – Sexual involvement between a perpetrator and child, including the touching or exposing of the sexual or other intimate parts of the body, for the purpose of arousing or gratifying sexual desire in either the adult or child without the child's consent.

   - Incest – Sexual intercourse with an ancestor or descendant-by blood or adoption-brother or sister of the whole or half-blood, or an uncle, aunt, nephew or niece of the whole blood.

   - Promoting Prostitution – Inducing or encouraging a child to engage in prostitution.

   - Rape – Sexual intercourse by force or compulsion.

- Engaging children in Pornography - including any of the following:

  a. the obscene photographing, filming or depiction of children for commercial purposes.
  b. the obscene photographing, depiction, or filming of children or the showing of obscene films or photographs to arouse or gratify sexual desire in either the adults or children involved.

B. Recent acts or omissions - Acts or omissions committed within two years of the date of the report to the Department of Public Welfare or county agency.

C. Perpetrator - A person who has committed child abuse and is a parent of a child, a person responsible for the welfare of a child, an individual residing in the same home as a child or a paramour of a child's parent.

D. Mandated Reporter - A person who, in the course of their employment, occupation or practice of their profession comes into contact with children and has REASONABLE CAUSE TO SUSPECT, on the basis of their medical, professional, or other training and experience, that a child coming before them in their professional or official capacity is a victim of child abuse. Persons required to report include, but are not limited to, a licensed physician, medical examiner, coroner, funeral director, dentist, osteopath, chiropractor, clergy, psychologist, podiatrist, intern, registered nurse, licensed practical nurse; hospital personnel engaged in the admission, examination, care or treatment of persons; a Christian Science practitioner, school administrator, school teacher, school nurse, social services worker, day care center worker or another child care or foster care worker, mental health professional, peace office, or law enforcement official.

E. Indicated Report - A child abuse report made pursuant to this chapter if an investigation by the county agency determines that substantial evidence (evidence which outweighs inconsistent evidence and which a reasonable person would accept as adequate to support a conclusion) of the alleged abuse exists based on any of the following:

  a. Available medical evidence.
  b. The child protective service investigation.
  c. An admission of the acts or abuse by the perpetrator.

F. School Employees - An individual employed by a public or private school, intermediate unit or area vocational and technical school. The term includes an independent contractor and employees. The term excludes an individual who has no direct contact with students.

G. Indicated Report for School Employees - A report made relating to students in public and private schools if an investigation by the county agency determines that substantial evidence of serious bodily injury or sexual abuse or sexual exploitation exists based on any of the following:

a. Available medical evidence.
b. The child protective service investigation.
c. An admission of the acts or abuse by the perpetrator.

H. Serious bodily injury - Bodily injury that creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of function of any bodily member or organ.

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After staff has been provided with this knowledge the trainer will give examples to ensure understanding and will stress to staff to **QUESTION** and **DOCUMENT** everything as a means to establish "reason to suspect" or not suspect child abuse.

In addition, staff must understand that they can not question alleged student victims of abuse about specific abuse allegations until after the Pennsylvania Department of Welfare interviews them.

a. The Trainer must share with the staff that any staff that does not follow the Behavioral Intervention Techniques and/or Restrictive Procedures in accordance with the training will be disciplined in some manner which may be, but not limited to verbal reprimand, written reprimand, suspension with pay, suspension without pay, or termination. The disciplinary method utilized will be in accordance with the severity of the offense.

b. Following a restraint the unit Senior Counselor will contact the student's parents and committing agency, probation officer, and/or worker, regarding the incident within one business day.

Once all the participants have gained a comprehensive understanding of the Schools' Restrictive Procedures the trainer will proceed to address the Schools' Re-integration/neutralization process.

REINTEGRATION/NEUTRALIZATION PROCESS

The basic purpose of the reintegration/neutralization process is to help students learn and grow from their behavioral incidents. Most of our students went through life intimidating others to the point where authority figures were afraid to address them. When they did address their behavior our students usually refused to accept the intervention. Since we do not accept that at Glen Mills, it is imperative that after a restrictive procedure, our neutralization/re-integration process becomes a learning process. Because of our students' background and experience, students often develop certain feelings after a restraint. Those feelings include the following:

- Denial-a refusal to comply with a request. a refusal to acknowledge the truth of a statement. Syn. disavowal. rejection
- Anger-a feeling of displeasure or hostility. Syn. wrath, indignation, incensed. infuriated.
- Resentment-a feeling of anger or indignance about. To object to. Syn. bitterness
- Remorse-deep moral anguish and regret for misdeeds. Syn. regretful
- Sorrow-mental suffering. anguish, a cause of grief or sadness. Syn. lament. distressed
- Revenge-to impose insult or injury or inflict injury for an injury or insult. Syn. retaliation. reprisal.
- Reprisal-an attack or other action intended to inflict injury for an injury suffered.
- Embarrassment-feeling of self-consciousness. or ill at ease. Syn. disconcerted. mortified. abashed. chagrin.
- Bewildered-befuddled. confused with conflicting thoughts or ideas. Syn. confused. unclear in one's mind.

Because feelings cannot be monitored or validated. your job as a trainer is to first prove to the participants that the best way to effect feelings and personality is to address behavior. Dealing with behavior effects feelings/personality change not the opposite.

Once the basic philosophy of this process is understood by participants the trainer will teach and give examples of all 4 steps of the neutralization process.

Step 1.) ENSURE SAFETY AND CONTROL

Neutralizing staff will observe the student's response. When the student's behavior indicates control they will advance to step 2.

Step 2.) NEUTRALIZING STAFF WILL ADDRESS THE STUDENT AND THEIR BEHAVIOR

Initially staff must address the student's behavior that led to the intervention not the student's personality. Addressing behavior is the tool utilized to help students with their feelings. Neutralizing staff should share to the student specific behaviors that the student acted out to cause an unsafe situation. The purpose of this is to have the student gain an understanding of what their behavior really was. A student who finally accepts that he indeed did throw a chair at a staff member is more likely to

effectively deal with his anger toward staff than trying to just address a feeling of anger. Remember feelings cannot be monitored, behavior can. During this step staff should observe the student's response. When it is positive, staff should move on to step 3.

Step 3.) THE STUDENT ADDRESSES THEIR OWN BEHAVIOR

During this step staff should have the student talk about their own behavior. As students become able to verbalize their actions it helps them realize their mistakes. Questions that can be asked to help with these steps are as follows:

a. What did you do to make this situation unsafe?
b. Did you accept the initial intervention?
c. How did you act when your behavior was addressed?

Neutralizing staff should observe the student's response to those questions to ensure that the student is indeed addressing their behavior. Quite often students are looking to project blame on someone else for their behavior. When the student's response is positive the neutralization process can advance to Step 4. A positive response is also a sign that the student has successfully dealt with their feelings.

Step 4.) STUDENT BEGINS FORMAL PROCESSES

During this step students enter two formal processes. One with peer group and one with staff.

The process with their peer group evolves around having the student receive feedback based on their behavior during Guided Group Interaction and Townhouse. Students should not only address the negative behaviors of the particular student, but also offer alternatives for that behavior.

During the staff formal process the student will meet with his unit staff, Counselor, Senior Counselor, Team Leader, Group Living Director and possibly the Executive Director. During this step staff start to lay the incident to rest by talking positively about the future. Staff will talk to the student about how they know that the student can behave much more pro-socially because they have in the past. There must be a light at the end of the tunnel for the confronted student. Staff will also ask the student what they learned from the incident. In addition, the staff formal process allows the student to share to one of a number of staff if they felt like they were mistreated in any way.

Once the formal processes have successfully been completed the neutralization/re-integration process is terminated.

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After the neutralization/re-integration process is understood by the participants the trainer should address these specific points of interest.

1. During the initial steps of the neutralization process it is better if the restraining staff do not participate in this. Quite often the student may possess feelings with the restraining staff as they attempt to project blame.

2. Have as many staff as possible involved in the neutralization re-integration process. The more staff the better.

3. The neutralization/re-integration process can take 2 hours, 2 days or even 2 weeks, depending upon the students.

4. Signs that a student may be neutralized are as follows:

   a. They take ownership over their behavior.

   b. They apologize for their behavior.

   c. They may cry.

   d. They will want to talk and process with the restraining staff. When they pursue this process it is a sign that not only has the student's dealt with their feelings but is also concerned with staff feelings. This is extremely positive.

      Quite often when students have been neutralized they will ask if the restraining staff is mad or angry with them. They will inquire if restraining staff will talk to them. If and when this happens it is <u>important</u> that the student talk to the staff and that the staff communicate with the student in an adult to adult manner. Once again, these staff should emulate a positive feeling and address behavior not personality. Staff should also focus on the future.

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If following a restraint and neutralization/re-integration process there is a need to discipline a student, staff must be trained to understand their responsibilities under Pennsylvania's Title 55 Chapter 3680 particularly 3680.43 "agency discipline" emphasizing the following:

3680.43

1. 3680.43 prohibits physical punishment inflected upon the body

2. 3680.43 prohibits the denial of food, water, shelter, sufficient sleep, clothing or bedding.

In order to conclude this section of the training the trainer should share with the participants that the Schools' Behavioral Intervention Program and Restrictive Procedures are designed to protect students, staff and the school.